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or maintenance fee notific	cations.					
current corresponden 23353 7590 RADER, FISHMAN & 0 1233 20th Street, N.W. Suite 501 Washington, DC 20036		JAN 12 2010	Fee(s) Transm papers. Each a have its own co	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
		TRADEMARIE			(Depositor's name)	
					(Signature)	
					(Date)	
APPLICATION NO.	FILING DATE		ED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/537,920	06/08/2005	Kenichi	ro Aridome	SON-3124	6735	
TITLE OF INVENTION: RECORD CONTROL APPARATUS AND RECORD CONTROL METHOD						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
Non-Provisional	no	\$1,510.00	\$300.00	\$1,810.00	01/26/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS	91/13/2010 SMOHAMM1 00000	027 180013 10537920	
M. A. Dazenski		2621		01 FC:1501 1510.00	<u>no</u>	
Correspondence "Fee Address" in form PTO/SB/47 Use of a Custom	8). espondence address (or Address form PTO/SB/I idication (or "Fee Address"; Rev 03-02 or more reco incr Number is required	(1) the na attorneys or (2) attached. ss" Indication ent) attached. (1) the na attorneys or (2) the nam a registered up to 2 reginame is list.	2. For printing on the patent front page, Let FC: 1594 (1) the names of up to 3 registe Let FC: 1594 attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. NTED ON THE PATENT (print or type)			
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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government						
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x Issue Fee			A check in the amount of the fee(s) is enclosed.			
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X Advance Order -	# of Copies		Director is hereby authorize sit Account Number	d by charge the required fee(s), o	r credit any overpayment, to	
a. Applicant clai	ms SMALL ENTITY sta	atus. See 37 CFR 1.27.		er claiming SMALL ENTITY sta		
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Authorized Signatur	e /			Date Jan	uary 12, 2010	
Typed or printed nar	me	Christopher M. Tobin		Registration No.	40,290	